

## **INTERPRETIVE MEMORANDUM 2000-15**

Date: October 10, 2000

To: Healthcare District, Architects, Engineers and all Fire Alarm Firms  
(Class D)

From: Mark F. Gates  
Chief Architect/Deputy Assistant Secretary

Re: **Special Locking Arrangements in Healthcare Occupancies**

The new Health Care Occupancy Chapter of NFPA 101, the Life Safety Code reads “... *the authority having jurisdiction shall make appropriate modifications to those sections of the Code that would otherwise require means of egress to be kept unlocked.*”

This office has enforced particular operational features and has required specific written documentation regarding locking arrangements that do not conform exactly to minimum code requirements. Keypads and/or magnetic locks, are examples of special locking devices that are not specifically allowed in the code, and are therefore not permitted in healthcare occupancies unless acceptance is granted by the submittal of a “Special Locking Arrangements in Health Care Occupancies” EXEMPTION REQUEST FORM.

The following information is required to be submitted by the building owner anytime a special locking system, which does not conform to the provisions for delayed egress or access-controlled locking, is proposed for installation or is installed in a healthcare occupancy.

1. Completed “Special Locking Arrangements in Healthcare Occupancies” EXEMPTION REQUEST FORM. (*Please refer to MEMORANDUM 2000-9 for access-controlled locking and delayed egress locking. Please also note that a different “Exemption Request Form” is required for those proposed installations.*)
2. The required processing fee of \$20.00.
3. A description of how the system will work. (See “note” below).
4. Manufacturer’s specification sheets for the system and devices.

NOTE: Please be advised that the “description of how the system will work” shall include ALL of the following on the “letterhead” of the applicable facility:

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- A. **Unlocking** shall be accomplished by the following:
  - 1. Loss of power to the locking/releasing device; and
  - 2. Activation of the fire alarm system; and
  - 3. Remote release is required. Furnish a floor plan showing the location of door(s), nurses station(s) and remote release location(s). (NOTE: The remote control functions must be identified at the remote release location(s) with permanent legible signage.); and,
  - 4. A means of manual mechanical unlocking must be provided at each door that is not in direct view of the remote release location. Doors must be keyed alike and keys must be carried by staff at all times. (Keypads, card access, or other electrical devices are not acceptable as a means of unlocking doors during emergency conditions.
- B. Automatic re-locking, after release as described above is **prohibited**. A specific action must be taken at the remote control location in order to re-lock doors.
- C. Document the “**Staff/Patient Ratio**” for the occupants of the locked area. Note: Only “Nurses” and “Nurses’ Aids” assigned to the locked area are considered as acceptable responsible staff regarding this ratio documentation.
- D. Provide the **reason** for installing special locking arrangement.

The locking system shall not be energized until a satisfactory inspection is performed. Contact the Healthcare Inspection Section at (225) 925-4270 to schedule an inspection.

Should you have any questions regarding this matter, please contact the Healthcare Plan Review Section of this office at 1-800-256-5452 or (225) 925-4920.

This memorandum voids and replaces the Interpretive Memorandum dated April 1, 1998.

MFG/MCM/tm